

**Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 10685
Application ID: 09681019
Title of Invention: METHOD FOR OPTICAL-LIGHT
SCANNING OF A SPECIMEN; AND
SCANNING MICROSCOPE FOR
SCANNING A SPECIMEN
First Named Inventor: Werner Knebel
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2000-11-28
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Digital Certificate Holder: cn=Maria A. Eliseev, ou=Registered Attorneys, ou=Patent and
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TRANSMITTAL FORM

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 102847-30

METHOD FOR OPTICAL-LIGHT SCANNING OF A SPECIMEN; AND SCANNING MICROSCOPE FOR SCANNING A SPECIMEN

First Named Inventor: Dr. Werner Knebel

SUBMITTED BY

Name: Maria Eliseeva

Registration Number: 43328

Electronic Signature Mark: maria
eliseeva

Date Signed: 20001128

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal 102847-30apds.xml

fee-transmittal 102847-30fee.xml

[illegible][illegible]

**DECLARATION AND POWER OF ATTORNEY FOR
UNITED STATES LETTERS PATENT APPLICATION**

As a below-named inventor, I hereby declare that:

My residence, post-office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD FOR OPTICAL-LIGHT SCANNING OF A SPECIMEN;
AND SCANNING MICROSCOPE FOR SCANNING A SPECIMEN**

the specification of which

(check one)

☒ is attached hereto.

was filed on:

as Application No.:

and was amended on:

_____ (if applicable).

In the event that the filing date and/or Application No. are not entered above at the time I execute this document, and if such information is deemed necessary, I hereby authorize and request my attorneys/agent(s) at Nutter, McClennen & Fish, LLP, One International Place, Boston, MA 02110-2699, to insert above the filing date and/or Application No. of said application.

I hereby state that I have reviewed and understand the contents of the above-identified application specification, including the claims, as amended by any amendment specifically referred to herein.

I acknowledge the duty to disclose all information known to me that is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

FOREIGN PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

(check one)

no such foreign applications have been filed.

☒ such foreign applications have been filed as follows:

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Country	Application Number	Date of Filing (month, day, year)	Priority Claimed Under 35 USC 119
Germany	DE 199 57 418.9	November 29, 2000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint:

Ronald E. Cahill	Reg. No. 38,403	Reza Mollaaghababa	Reg. No. 43,810
Maria M. Eliseeva	Reg. No. 43,328	Tram Anh T. Nguyen	Reg. No. 47,257
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William C. Geary III	Reg. No. 31,359	Scott D. Rothenberger	Reg. No. 41,277
Lisa J. Michaud	Reg. No. 44,238		

all of Nutter McClennen & Fish, LLP, One International Place, Boston, Massachusetts 02110-2699, jointly, and each of them severally, my attorneys at law/patent agent(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

Please mail correspondence to: Maria M. Eliseeva
at Customer Number 021125, whose address is:

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First (Hb. 1311.00)	
Full name of the joint inventor	
Dr. Werner Knebel	
Inventor's Signature	Date
<i>Werner Knebel</i>	16. Nov. 00
Residence	
Hebelstr. 17/1, 76709 Kronau, Germany	
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Germany	
Post Office Address (required)	
same as above	

Second (Ch. 13 (1.00))

Full name of third /joint inventor Dr. Joachim Bradl	
Inventor's Signature <i>Dr. Joachim Bradl</i>	Date 11/15/2000
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FEE TRANSMITTAL

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Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 1088

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 1003
Expiration Date: 20020930
Authorized Name: Maria Eliseeva
Billing Address: 02110

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 710

Subtotal For Basic Filing Fee: \$ 710

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 41	103	\$ 18	21	\$ 378
Independent Claims: 2	102	\$ 80	0	\$ 0

Subtotal For Extra Claims Fees: \$ 378